

Application to Transfer Certificate of Approval of a

☐ Restricted Landing Area ☐ Airport ☐ Heliport

(1) Applicant	(proposed certific	cate holder)			Phone#
(2) Address					
(3) Location of	f facility				
City					
Legal Des	scription of Pro	operty			
Distance a	and direction t	from nearest m	unicipality		
Latitude _	atitude Longitude				Elevation
(4) Present C	ertificate Hold	der			
Date of Ce	ertification _				
Nature of	Transfer:	Sale	Gift	Merger	Other
6) Owner of I	Land				
7) Address _					
City/State/	/Zip				
(8) Describe a (attach ac	dditional page	s if necessary)			or types of based aircraft (RLA Only) Signature of Applicant
			AFF	IDAVIT	
State of)	
County of) SS:)	
				. beina fir	st duly sworn upon his oath, deposes and says
hat he has rea	ad the forego	ing statements	and that the same		
					Signature of Applicant
Subscribed an	nd sworn befo	re me this	day of		· ,
The undersigne nterest in said f	ed certificate ho	lder of the facility	/ referred to herein, st	ates that he ha	Notary Public s assigned and transferred all of his right, title and all issued to him and consents to the issuance of a

Return completed form to:

Illinois Department of Transportation, Division of Aeronautics, 1 Langhorne Bond Drive, Capital Airport, Springfield, Illinois 62707-8415.

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Paragraph 42 of the Illinois Aeronautics Act. Disclosure of this information is **VOLUNTARY**; however, failure to comply may result in this form not being processed. This form has been approved by the State Forms Management Center.

IL 494-0675 AER 2058 (Rev.5/00)